STATE OF SOUTH DAKOTA

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Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE
The Dakota Herald		11-1-13
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE $
Weekly	52	45.00

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
P.O. Box 207; Lemmon, SD 57638-0207

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
P.O. Box 207; Lemmon, SD 57638-0207

6. FULL NAME OF PUBLISHER: LaQuita Shockley

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
LaQuita Shockley	P.O. Box 207; Lemmon, SD 57638-0207

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	1000	1000
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	148	155
2. Mail Subscription (Paid and or requested)	797	815
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	945	970
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	23	20
E.TOTAL DISTRIBUTION (Sum of C, D1 and D2)	969	990
F.COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	31	10
2. Return from News Agents		
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1000	1000

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

Business Manager
(Title)

State of South Dakota)
§
County of Perkins)

Sworn to before me this 1st day of November, 20 13

Notary Public

My commission expires: June 17, 2019

(Seal)

Form: SOS REC 051 7/2004